

## **ACKNOWLEDGEMENT OF LEAVE OF ABSENCE**

### **LEAVE OF ABSENCE FOR MILITARY DUTY**

#### **CONDITIONS:**

1. Approval of the Appointing Authority is necessary.
2. Length of the leave of absence shall be for the period of time of initial tour of duty.
3. Reinstatement to a position in your former department is guaranteed.
4. When you are ready to return to duty, you must inform the DHMH, Personnel Office, and your previous supervisor of your date of return.

Any employee who does not notify the Personnel Office in writing of his desire to return to duty before the expiration date of the leave of absence without pay, shall be considered as a resignation from State service. It is therefore essential that you maintain contact with your agency periodically during your leave of absence in order to indicate your intentions.

5. If you find that you require a longer leave of absence than which was originally requested, you must reapply through the personnel office.

### **LEAVE OF ABSENCE FOR ILLNESS OR INJURY**

#### **CONDITIONS:**

1. Approval of the Appointing Authority is necessary.
2. Length of Leave of Absence Illness or Injury is 6 months for the employees' documented temporary personal illness or disability when there is medical documentation that the employee can return to the employee's full range of duties within 6 months.
3. Reinstatement to your position in your former department is guaranteed only for the first six months of your leave of absence. After the first six months, when you are ready to return, you must be offered any vacant position in the classification which was previously held or which is filled by a temporary employee within the same agency. If no vacancy exists or the position is not held by a temporary employee, your name will be placed on the reinstatement list and you will be restored in your classification to the first vacancy that occurs in your former agency. Your name will be maintained as a reinstatement on the eligible list for a period of three years from the date of your separation from active duty in State service. Upon reinstatement you will be given full credit for prior service but will receive no credit for the period of time that you are on the leave of absence without pay status.

4. When you are ready to return to duty, you must inform the DHMH Personnel Office and your previous supervisor of your date of return.

Any employee who does not notify the Personnel Office in writing of his desire to return to duty before the expiration date of the leave of absence without pay, shall be considered as a resignation from State service. It is therefore essential that you maintain contact with your agency periodically during your leave of absence in order to indicate your intentions.

5. If you find that you require a longer leave of absence than which was originally requested, you must reapply through the personnel office.

#### LEAVE OF ABSENCE FOR PERSONAL REASONS

##### CONDITIONS:

1. Approval of the Appointing Authority is necessary.
2. Length of the leave of absence shall not exceed two years.
3. The granting of a leave of absence without pay does not mean that you will definitely be restored to the position you left or to State service when you are ready to return. You may be offered any vacant position in the classification which was previously held or which is filled by a temporary employee within the same agency.

Your name will be maintained as a reinstatement on the eligible list for a period of three years from the date of separation from active duty in State service. Upon reinstatement you will be given full credit for prior service but will receive no credit for the period of time that you are on the leave of absence without pay status.

4. When you are ready to return to duty, you must inform the DHMH Personnel Office and your previous supervisor of your date of return. Any employee who does not notify the Personnel Office in writing of his desire to return to duty before the expiration date of the leave of absence without pay, shall be considered as a resignation from State service. It is therefore essential that you maintain contact with your agency periodically during your leave of absence in order to indicate your intentions.
5. If you find that you required a longer leave of absence than that which was originally requested, you must reapply through your agency's personnel office.

REFERENCE: Emergency Regulations Title 17 Department of Budget and Management  
Subtitle 04 Office of Human Resources. Regulations Chapter 11 Leave

**PLEASE RETAIN A COPY OF THIS FORM IN THE PERSONNEL FILE**

I, \_\_\_\_\_ am applying for a leave of absence without pay for the period of \_\_\_\_\_ through \_\_\_\_\_. Please check the appropriate box below as to your reason for applying.

I certify that I have reviewed the foregoing "Acknowledgement of Leave of Absence Status" consisting of two pages. Its' contents have been explained to me by a member of the hiring agency's personnel unit and I understand the terms of my leave of absence status with

\_\_\_\_\_  
Department

\_\_\_\_\_  
S.S.#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_ Leave of Absence for Military Duty

\_\_\_\_ Leave of Absence for Illness or Injury\*\*

\_\_\_\_ Leave of Absence for Personal Reasons\*\*\*

\*\* Please be advised that prior approved FMLA which has been granted without interruption will be included in the first 6 months of LAW-Illness during which management will hold your position.

\*\*\* Please be advised that prior approved FMLA which has been granted without interruption will be included in the period requested for LAW-Personal.

It is my understanding that continuation of my health insurance benefits are available to me and I choose to \_\_\_\_\_enroll in COBRA or \_\_\_\_\_not to enroll in COBRA.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_  
Appointing Authority Signature

